Early On® Oakland Notice of Provision of Services for Previously Enrolled Child Directions

PURPOSE: The purpose of this form is for when a child moves into a district with an existing IFSP. IDEA states that the district must either adopt and implement the current IFSP, or convene an IFSP meeting within a short time of the child's enrollment in the district. This form will document that offer.

***NOTE**: Regulations require that if a child with a disability, who has a current IFSP, transfers into a new district, the new district (in consultation with the parents) must provide services to the child. The services must be comparable to those described in the child's IFSP from the previous district until the new district either:*

1) *Adopts the child's IFSP from the previous district.*

OR

2) *Develops, adopts, and implements a new IFSP in accordance with State and Federal requirements. Pending the development of an updated IFSP, the receiving school district must take two actions for a child with a disability transferring from another school district:*
   a) *Convene an IFSP meeting within a short time after the child's enrollment in the district. A short time means within one week in the normal course of events.*

   AND

   b) *Provide services using this form (Notice of Provision of Services for Previously Enrolled Children) wherein the child receives comparable services to the child's existing IFSP from the previous district, to the extent possible, pending the development of a new IFSP. These services should be in effect only as long as it takes the district to develop an updated or new IFSP, and in no case, except in unusual or extraordinary circumstances, longer than 30 calendar days.*

Child Information

Complete the top section of the form using the child's legal name, date of birth and address.

Early On® Oakland obtains UIC's when children are entered into MSDS. **No other number should be entered into this space unless the child is moving within the state of Michigan and the UIC is known.**

Based on a Review of the Current IFSP

Current IFSP Date: Record the date the IFSP from the PREVIOUS district was developed.

Evaluation Date: Record the date of the evaluation was conducted by the PREVIOUS district.

Date of Notice: Record the date that the offer of services is being provided to the family.

Offered By (Agency/District): Record the agency or district that developed the previous IFSP.

The following Special Education eligibility has been identified (check one): Check the box that indicates the eligibility category identified on the existing IFSP.

Notice for Provision of Services

Michigan Special Education Service: Identify the Michigan Special Education services that the child will receive. This should not include options to consider, but rather the services that the child will receive. For every service identified, every column in the service table must be filled out. Include the title and rule number of the specific Special Education program or related service as determined by the IFSP team. If there are not multiple services, there may be empty rows in this table.

Early On® Oakland Notice of Provision of Services for Previously Enrolled Child Directions (Continued)

Notice for Provision of Services (Continued)

Use the following program and service codes as a reference.

Program Codes
340.1862 Special Education Services for Birth – Three
Service Codes
340.1701c Occupational Therapy 340.1701c Orientation/Mobility 340.1701c Physical Therapy 340.1701c School Psychology 340.1701c School Social Work 340.1745 Speech/Language 340.1749 Teacher Consultant (VI, DHH, TBI, etc.)

Select from the following list of Early On® Service Codes. There are a total of 17 from which to choose. Typically, Code 14 (Special Instruction) fits nicely for children receiving 340.1862.

Service Codes:

1 **Assistive Technology Device and Services:** Includes services that directly assist a child with a disability in the selection, acquisition or use of an assistive technology device. Services include: evaluation; purchasing or leasing devices; selecting, fitting, maintaining, repairing or replacing devices; coordinating therapies, interventions or services with devices; training or technical assistance for a child with disabilities, or the child's family, training or technical assistance for professionals or others who provide services to the child.

2 **Audiology Services:** Services that identify children with auditory impairment, including the determination of range, nature, and degree of hearing loss and communication functions; referral for medical and other rehabilitation services; provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services; provision of services for prevention of hearing loss and determination of child's need for individual amplification.

3 **Family Training, Counseling and Home Visits:** Services provided by social workers, psychologists, or other qualified personnel to assist the family in understanding the special needs of the child and enhancing the child's development.

4 **Health Services:** Services necessary to enable a child to benefit from other early intervention services including clean intermittent catheterization, tracheotomy care, tube feeding, changing of dressings or colostomy collection bags, and other health services; consultation by physician with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services. Medical services does **NOT** include the following: services that are surgical in nature, purely medical in nature, devices necessary to control or treat a medical condition or medical-health services that are routinely recommended for all children.

5 **Medical Services:** Services for diagnostic or evaluation purposes only that are provided by a licensed physician to determine a child's developmental status and need for early intervention services.

Early On® Oakland Notice of Provision of Services for Previously Enrolled Child Directions (Continued)

Notice for Provision of Services (Continued)

6 **Nursing Services:** Services that include the assessment of health status for providing nursing care; identification of patterns of human response to actual or potential health problems; nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and administration of medications, treatments, and regimens prescribed by a license physician.

7 **Nutrition Services:** Services include conducting individual assessment in nutritional history and dietary intake; anthropometric, biochemical and clinical variables; feeding skills and feeding problems; food habits and food preferences; developing and monitoring appropriate plans to address nutritional needs; making referrals to appropriate community resources to carry out nutrition goals.

8 **Occupational Therapy:** Includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development to improve functional ability to perform tasks in home, school and community settings; adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

9 **Physical Therapy:** Services that address the promotion of sensory-motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. Services can include screening, evaluation, and assessment to identify movement dysfunction; obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; providing individual and group services and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10 **Psychological Services:** Services include administering psychological and developmental tests and other assessment procedures; interpreting assessment results; obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development; and planning and managing a program of psychological services including counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

11 **Service Coordination:** Services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards required under Part C including: coordinating all services, serving as the single point of contact, assisting infants/toddlers and their families in accessing services, coordinating evaluation, assessments, IFSPs, transition planning, and making referrals.

12 **Sign Language and Cued Language:** Includes services to teach sign language, cued language, and auditory/oral language, providing oral translation services and providing sign and cued language interpretation.

13 **Social Work Services:** Services include making visits to evaluate a child's living conditions and patterns of parent-child interaction; preparing a psycho-social developmental assessment of the child within the family context; providing individual and family group counseling with parents and other family members and appropriate social skill building activities with the child and parents; working with those problems in a child's and family's living situation that affect the child's maximum utilization of early intervention services; and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Early On® Oakland Notice of Provision of Services for Previously Enrolled Child Directions (Continued)

Notice for Provision of Services (Continued)

14 **Special Instruction:** Includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning that leads to the achieving the outcomes in the child's IFSP; providing families with information, skills and support related to enhancing the skill development of the child; and working with the child to enhance the child's development.

15 **Speech Language Pathology Services:** Includes the identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other necessary professional services necessary for the rehabilitation of a child with communication delays; provision of services for the rehabilitation, habilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

16 **Transportation and related costs:** Includes the cost of travel and other costs that are necessary to enable children with disabilities and their families to receive early intervention services.

17 **Vision Services:** Includes the evaluation and assessment of visual functioning, including diagnosis and appraisal of specific delays or disorders; referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders or both; and communication skills training, orientation and mobility training for all environments, visual training, independent living skills, and additional training necessary to activate visual motor abilities.

Frequency (# of Days or Sessions): Identify the number of days or sessions the child will receive.

Length of Session: Identify how long each session will be in minutes and/or hours.

Intensity: Check the box to indicate if the service will be provided in an individual or a group setting.
Choose only one. If child is receiving both, it should be recorded on two separate lines.

Method: Identify whether service is direct service, consultation, etc. All 340.1862 (ECSE service) is direct service.

Start Date: Identify the date the service is expected to begin. This date should be as soon as possible after the IFSP meeting. **All services need to be implemented within 30 days of the signing of the IFSP.**

End Date: Identify the date in which the service is anticipated to end. The end date should reflect the outcomes addressed in the IFSP.

Location: Check the box to indicate the location in which the service will be provided.

Payor: Check the appropriate box. The IFSP must clearly identify who will pay for each service identified in this section. If a child is eligible for Michigan Special Education, select LEA.

Early On® Oakland Notice of Provision of Services for Previously Enrolled Child Directions (Continued)

Notice for Provision of Services (Continued)

Indicate the following information if appropriate:

❑ **Any service(s) proposed, but not accepted by the parent(s), thus not listed above:**

Check the box if there were services proposed by Early On® or Michigan Special Education that were not accepted by the parent, so they were not listed. List the service that were NOT accepted by the parent in the space provided.

❑ **Any service(s) discussed but not selected by Early On® and reason not selected:** Check the box if there were services discussed at the IFSP but not selected by the LEA. List the services discussed and the reason why they were not selected in the space provided.

Check Only One

Check the appropriate box to indicate whether or not the district will be developing a new IFSP or accepting the existing IFSP.

❑ **A new Individualized Family Service Plan (IFSP) will be developed on or before _____**
(not to exceed 30 calendar days)

Select this option if the district is providing a temporary placement and record the date the new IFSP meeting will be held in the space provided.

The child must receive comparable services to the previous IFSP, to the extent possible, pending the development of a new IFSP. This arrangement should be in effect only as long as it takes the district to develop an updated or finalized IFSP, and in no case, longer than 30 calendar days.

❑ **The district will implement the existing IFSP until it expires on _____-_____. At that point a new IFSP or IEP will be developed.**

Select this option if the district is accepting the existing IFSP and record the date that the existing IFSP will expire. The district must determine eligibility and convene a new IFSP or IEP at least one day prior to the IFSP expiring.

Parent Signature and Consent

NOTE: *The parent(s) need not sign the form at the meeting. The parent(s) shall have 10 calendar days after receipt of notice to provide consent for placement.*

❑ **Please check all that apply:**
Parent should check the appropriate boxes, indicating whether or not they have had their rights explained to them, received their procedural safeguards, and consent to the provision of early intervention services.

If parents do not consent, they may check the last box indicating they do not consent to the provision of early intervention services.

❑ **I consent to the implementation of services:**
Check this box if the parent accepts the offer of services described above.

❑ **I DO NOT consent to the implementation of services:**
Check this box if the parent refused the services described above. Be sure family understands they will not receive any services nor will the district evaluate the child for eligibility under Early On® or Michigan Mandatory Special Education services at this time.

Early On® Oakland Notice of Provision of Services for Previously Enrolled Child Directions (Continued)

Parent Signature and Consent (Continued)

Family Rights:
Remind parents of their family rights and document language/mode of communication if necessary.

Parent Signature: Parent must sign and date the IFSP in the space provided.

Reviewed by District Representative: The form must be signed by a LEA representative who has the authority to offer services on behalf of the district.

Please fax completed to Oakland Schools at 248.209.2522.